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CONFIRMATION NO. 6199

SERIAL NUMBER 10/024,452	FILING OR 371(c) DATE 12/18/2001 RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. 1240-PA03	
APPLICANTS Donald Rauscher, Palm Springs, CA;					
** CONTINUING DATA ***** This appln claims benefit of 60/258,531 12/26/2000					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 01/28/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
ADDRESS GARY L. EASTMAN, ESQ. EASTMAN & ASSOCIATES 707 BROADWAY STREET SUITE 1800 SAN DIEGO ,CA 92101					
TITLE Magnetic therapy belt					
FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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** CONTINUING DATA ****

THIS APPLN CLAIMS BENEFIT OF 60/258,531 12/26/2000

** FOREIGN APPLICATIONS ****

JB -None-

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35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>JB</i>	Initials			

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TITLE

Magnetic therapy belt

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